

Remarks

The Applicant appreciates the Examiner's thorough examination of the application and consideration of the prior art, and requests reconsideration and allowance based on the preceding amendments and these remarks.

The typographical error in the specification has been fixed. The Applicant appreciates the Examiner's assistance with this.

The Examiner rejected all of the claims over a combination of Jones et al. and Singletary et al. The Applicant respectfully submits that the claims are patentable over the references.

Jones teaches the administration of an oral decongestant or a topical (nasal) decongestant. Jones specifically does not teach any combination of the two. In fact, Jones takes great pains to describe the study as a comparison of the oral to the topical decongestant, with a placebo control. See the last full paragraph on page 262 which describes that all subjects took a capsule plus a nasal spray, but in each case one of the two (or both in the control subjects) were a placebo. Thus, the subjects took either an oral decongestant or a topical decongestant. In the Abstract, Jones states that the "nasal spray is little more effective than placebo". Thus, Jones teaches one skilled in the art that nasal spray is not an effective prophylactic.

Singletary teaches treatment of symptoms post-injury with local and systemic decongestants and a NSAID such as ibuprofen. Singletary teaches at the top of both columns on p. 331 that the course of the treatment is 7-10 days post-trauma. Singletary does not describe or suggest a prophylactic regimen of any nature, and thus does not add anything to the Jones teaching regarding prophylactic treatment.

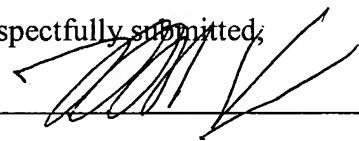
The combination of the references thus teaches that potential symptoms of ear and sinus cavity blockage in descending aircraft are relieved with an oral decongestant only (this being

taken from Jones). The claims have been amended to make clear that the invention is directed toward a method for relieving the potential for symptoms (i.e. the invention is prophylactic), rather than a method of treating symptoms post-injury. There is no disclosure or suggestion in the references of an oral decongestant at least one hour before landing, followed by the nasal decongestant, again before landing. In fact, Jones clearly teaches that the nasal spray is ineffective in prophylactic treatment, thus teaches away from the combined steps of the invention. Singletary teaches only administration after injury to relieve symptoms.

As the references do not teach each element of any of the independent claims, the references cannot, as a matter of law, make the claims obvious. Accordingly, the claims are allowable.

If for any reason this response seems incomplete, or if a conversation might help advance prosecution, please call the undersigned.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Brian M. Dingman', is written over a horizontal line.

Brian M. Dingman
Reg. No. 32,729
Customer number 28534